MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005691
STATE FILE NUMBER

Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 11

FILED FEB 25 1963

DO NOT WRITE ON THIS STUB — AMENDED

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Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS | DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY Clay
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Excelsior Springs
Length of stay in 1b: 4 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Excelsior Springs Hosp.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Clinton
c. CITY OR TOWN 700 W. Locust
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) Plattsburg
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Georgia Middle Elizabeth Last Carter

4. DATE OF DEATH Month January Day 24 Year 1963

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 8/29/1882

9. AGE (last birthday) 80
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Keeper

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (City and state or country) Bentville, Arkansas

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME George Bates

13b. MOTHER'S MAIDEN NAME —

14. NAME OF HUSBAND OR WIFE Thomas Carter (Dec'd)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No.
(If yes, give war or dates o

16. SOCIAL SECURITY NO.

17. INFORMANT George B. Carter, Address 423 E. Broadway Excelsior Springs, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause pe
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: sev/ days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) arteriosclerosis (severe) — sev. years
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12/16/62 to 1/24/63 and last saw her/him alive on 1/24/63
Death occurred at 7:25 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M. D.

22b. ADDRESS Excelsior Springs, Mo.

22c. DATE SIGNED 1/26/63

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 1-24-1963

23c. NAME OF CEMETERY OR CREMATORY Green Lawn

23d. LOCATION (City, town, or county) (State) Plattsburg Mo.

24. FUNERAL DIRECTOR ADDRESS Lyon Funeral Home, Inc., Plattsburg, Mo.

25. DATE RECD. BY LOCAL REG. 1-24-63

26. REGISTRAR'S SIGNATURE Caroline Hutchings

(Licensed Embalmer's Statement on Reverse Side)

Removal Permit issued 1/24/43 S.N.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Thelma E Cox

Licensed Embalmer No. 4993

P. O. Address Skowhegan, Me.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.